

## State Health Insurance Assistance Program (SHIP)

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State of Nevada Aging and Disability Services Division  
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## NEVADA SHIP HISTORY

- Created under Section 4360 of Omnibus Budget Reconciliation Act (OBRA) of 1990 (Public Law 101-508)
- 25 Years SHIP has been awarded federal funds in Nevada
- Budget started with Center's for Medicare and Medicaid Services (CMS) until it transferred to Administration for Community Living (ACL) in April 2014

## SHIP ACTIVITIES

To support information, benefit counseling, navigation and assistance activities

- Medicare
- Medicaid
- Other related health insurance options

## SHIP FUNDING

- Federal Funds from Administration for Community Living (ACL)
- State Independent Living Grant Funds
- Other funding when available

## SHIP GOALS

- To increase our volunteer workforce & partnerships
- To serve low income, hard to reach/rural, limited English speaking beneficiaries and Native American populations
- To provide unbiased, accurate assistance
- To educate and help beneficiaries understand their benefits and the importance of using their health care benefits.

## PARTNERSHIPS

- Benefit other entities that serve the Medicare population
- Provides knowledge to staff so they can help clients/patients instead of refer them somewhere else
- Helps SHIP reach more Medicare beneficiaries
- Helps SHIP continue to bring money into Nevada to help Medicare beneficiaries

## TYPES OF PARTNERS

- Senior Medicare Patrol – Educates Nevadans on how to detect and report healthcare fraud in Medicare and Medicaid. Help people identify scams and how to protect their private health information.
- Local Senior Centers- Most provide co-location of SHIP Counselor volunteers with a private office area to help their clients.
- Northern Nevada Adult Mental Health program- Trained staff to counsel Medicare beneficiaries who are their clients and provides data so NV SHIP gets credit for helping them.

## IMPACT

- Manage their health better
- Save health care costs



## SHIP STAFFING

### Statewide Permanent

- 2.5 FTE State Staff (1.5 in Las Vegas, 1 in Reno)



## SHIP TEMPORARY STAFFING

### Southern Nevada Temporary

- 7 Temporary staff in Las Vegas

### Northern Nevada Temporary

- .50 FTE Volunteer/Program Coordinator
- 2.00 FTE Benefits Counselor's



## VOLUNTEERS & PARTNERS

- 66 of Active Volunteers statewide
- 6,982 Volunteer hours CY15
- 29 Volunteer Benefits Counselors
- 24 Partners with 79 affiliates
- 56 total Benefits Counselors

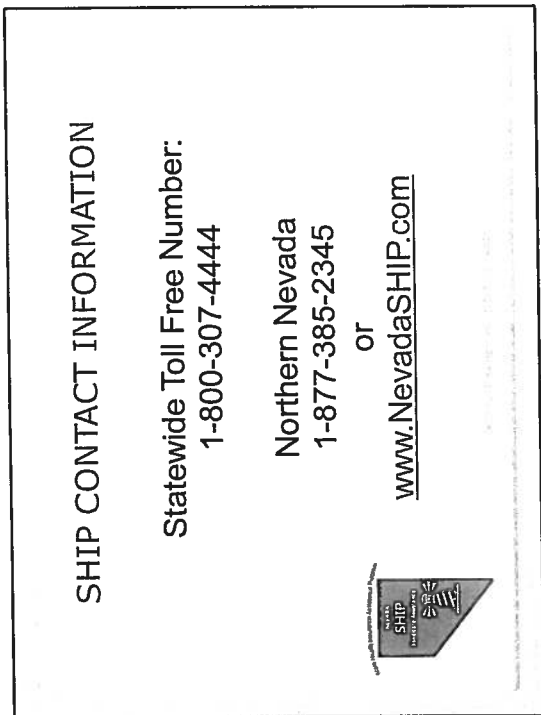
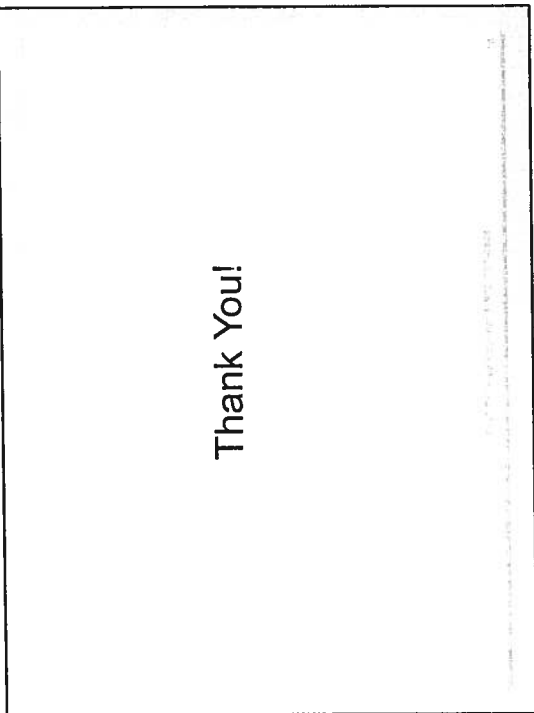
## SHIP DATA and RESULTS

Medicare beneficiaries in Nevada:

- 451,996

Calendar Year 2015:

- 19,136 beneficiaries served in Nevada
- 1008 Public and Media Events





# **MOU**



## **Memorandum of Understanding**

**State of Nevada Division of  
Child and Family Services  
for  
Cross-Jurisdiction  
Foster Home Placements**



# *Philosophy*

“This MOU will be honored to meet the common goals and principles of cooperation and mutual respect. The Tribe and DCFS each agrees to perform their respective duties and responsibilities under this MOU in good faith and in the spirit of cooperation to accomplish the purpose by serving the best interests of children in need of services. The Tribe and DCFS believe this MOU will be beneficial in both community jurisdictions.”



**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
  
AND THE  
STATE OF NEVADA DIVISION OF CHILD AND FAMILY SERVICES  
FOR  
CROSS-JURISDICTION FOSTER HOME PLACEMENTS**

This memorandum of understanding (hereinafter referred to as the "MOU") is entered into by and between \_\_\_\_\_ by and through its Department of Human Services (the "Tribe") and the State of Nevada Division of Child and Family Services ("DCFS").

**PHILOSOPHY:**

This MOU will be honored to meet the common goals and principles of cooperation and mutual respect. The Tribe and DCFS each agree to perform their respective duties and responsibilities under this MOU in good faith and in the spirit of cooperation to accomplish the purpose by serving the best interests of children in need of services. The Tribe and DCFS believe this MOU will be beneficial to both community jurisdictions.

**PURPOSE:**

The purpose of this MOU is to allow for the safe and culturally appropriate placement of children across jurisdictions through recognition of each jurisdiction's licenses related to foster homes, foster care and foster placement. This MOU shall be performed within the applicable guidelines and laws of \_\_\_\_\_ Nevada, the Nevada Revised Statutes, the Nevada Administrative Code and all other laws of Nevada (including all immunities that exist in law), and all Federal laws. It is the intent of the Tribe and DCFS that children in need of child welfare services shall receive such services and not experience delay in the receipt of services due to questions regarding the implementation of this MOU.

This MOU is established to enable children who are either (1) not eligible for enrollment in the Tribe and/or (2) children eligible for enrollment but not yet enrolled with the Tribe and/or (3) children enrolled with the Tribe who the Tribe has chosen not to take jurisdiction of, to be placed with siblings, and/or with extended family members residing on the Reservation.

## **FOSTER CARE PLACEMENTS:**

DCFS may recognize the foster home licenses issued by the Tribe pursuant to Foster Home Regulations and Standards (attached hereto as Appendix A and incorporated herein by this reference) and in accordance with all applicable federal laws which require:

- Fingerprints results completed;
- Child Abuse and Neglect screening in compliance with the Adam Walsh Child Protection and Safety Act; and,
- Local law enforcement background checks.

The Tribe shall ensure that the prospective foster parents meet minimum foster home licensing safety standards and applicable Federal laws as stated above prior to placement of any child.

In accordance with the order of placement preference of the Indian Child Welfare Act of 1978, 25 U.S.C. § 1915(b) or the laws and regulations of other jurisdictions serving the best interests of children within DCFS custody: DCFS is hereby authorized to place children in homes that are licensed by the Tribe; to supervise any such placements including the right to conduct home visits on the Reservation; to make changes in placements; and, to provide ongoing services as needed to the youth and the families who reside on the Reservation that are in the foster care system for the State of Nevada, pursuant to Nevada Revised Statutes Chapter 432B and Nevada Administrative Code 432B. The Tribe and DCFS shall work together to ensure that culturally appropriate services are efficiently provided, in part by communicating all necessary information required to properly afford foster care services. This exchange of information shall include information pertaining to families who have an approved license to operate as a foster care home on the Reservation. DCFS shall notify the Tribe of any placement in tribally licensed or approved homes located on the Reservation.

## **CONFIDENTIALITY:**

The Tribe and DCFS shall adhere to all confidentiality restrictions legally applicable in performing child welfare services.

## **TERM:**

This MOU shall commence on the \_\_\_\_\_ and shall be effective for a term of two years and will automatically renew an additional two years thereafter unless written notice is served by any of the parties of this MOU stating otherwise. This MOU will automatically expire at the end of four years from the date last signed unless otherwise agreed upon to extend the MOU.



**TERMINATION:**

This MOU may be terminated by any party to the MOU upon 30 days written notice.

**SOVEREIGN IMMUNITY:**

does not waive its sovereign immunity and enters into this MOU pursuant to its governmental authority, and nothing herein shall be deemed as such.

We the undersigned hereby agree to the terms and conditions of this Memorandum of Understanding between \_\_\_\_\_, and the State of Nevada Division of Child and Family Services.

\_\_\_\_\_  
, Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division of Child and Family Services  
Administrator

\_\_\_\_\_  
Date

**APPENDIX A:**

**FOSTER CARE PROVISIONS:**

**Tribe Foster Home Regulations and Standards dated .**

DRAFT

## MOUs

The MOUs between NV Tribes and The Division of Child and Family Services are for the culturally appropriate placement of children in state custody, onto tribal lands and into tribally licensed foster homes. The MOUs recognize the tribe's foster home standards with certain required safety criteria (Appendix A). MOUs with DCFS benefit children whether ICWA applies or not.

A template has been developed by DCFS, but NV Tribes have the ability to create their own format. Tribal foster care licensing standards / regulations will need to be attached to the proposed MOU for review.

The Tribal Liaison from DCFS will accommodate to travel and consult with tribes on reservations. Meetings can be scheduled with current Council Members to include: Chairman, Vice-Chairman, Tribal Social Services, Tribal Human Services, etc. Once MOUs are drafted and reviewed by The State of NV Deputy Attorney General's Office, then signatures are obtained from the Tribal Chairman and DCFS Administrator.

MOUs are currently written for a period of two (2) years but may be extended for an additional two (2) years. The MOU may be terminated by either party upon 30 days written notice.

Important Note: *NV Tribes do not waive sovereign immunity entering into a MOU.*

Questions or comments regarding the MOU process may be directed to:

*Fran Maldonado, ICWA Tribal Liaison*

*Division of Child and Family Services*

*4126 Technology Way, 3<sup>rd</sup> floor*

*Carson City, NV 89706*

*(775) 684-7960 office (775) 684-4456 fax*

*[fmaldonado@dcfs.nv.gov](mailto:fmaldonado@dcfs.nv.gov)*



## DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)

### Tribal Liaison Contact List

NAME	ORGANIZATION	PHONE	EMAIL
Julietta Mendoza	Director's Office	(775) 684-5934	<a href="mailto:jmendoza@dhhs.nv.gov">jmendoza@dhhs.nv.gov</a>
Wanda Brown	Aging & Disability Services Division	(775) 687-0846	<a href="mailto:wbrown@adسد.nv.gov">wbrown@adسد.nv.gov</a>
Jon Kirwan	Division of Public and Behavioral Health	(775) 687-5012	<a href="mailto:jkirwan@health.nv.gov">jkirwan@health.nv.gov</a>
Garrison Nutt	Division of Public and Behavioral Health	(775) 577-0319	<a href="mailto:gnutt@health.nv.gov">gnutt@health.nv.gov</a>
Naomi Lewis	Division of Welfare and Supportive Services	(775) 684-0618	<a href="mailto:nlewis@dwss.nv.gov">nlewis@dwss.nv.gov</a>
Shannon Sprout	Division of Health Care Financing & Policy	(775) 684-3732	<a href="mailto:shannon.sprout@dhcfs.nv.gov">shannon.sprout@dhcfs.nv.gov</a>
Fran Maldonado	Division of Child & Family Services	(775) 684-7960	<a href="mailto:fmaldonado@dcfs.nv.gov">fmaldonado@dcfs.nv.gov</a>

Revised: 12/18/2015

## VOLUNTEER OPPORTUNITIES

SHIP is looking for enthusiastic volunteers who want to learn about Medicare and help others. There are a variety of ways to participate - no experience necessary!

All volunteers are provided with free training. In as little as four hours a month, you can make a difference.

**Call the Northern Nevada SHIP program today to learn more about our volunteer opportunities.**

"The Medicare 'maze' is very intimidating to many people. Volunteering for S.H.I.P gives me a feeling of accomplishment because I know I have made a difference for those in need of help with Medicare."

-Mary Ann, SHIP Volunteer

Funding for S.H.I.P is provided by the Nevada Aging and Disability Services Division Rev. 3/14

## WHERE TO GET COUNSELING:

Northern Nevada Toll-Free  
1.877.385.2345 OR

775.284.1892

**Carson City**

775.883.0703

**Douglas County**

775.267.7907

**Elko County**

**877.861.1893 or 775.753.4085**

**Humboldt County**

775.623.6211

**Pershing County**

775.273.2291

**Washoe County**

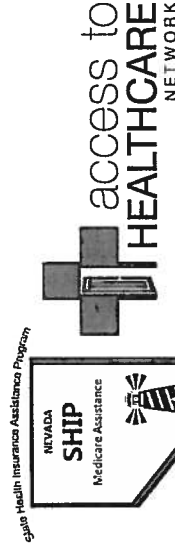
775.328.2575

**Statewide:**

1.800.307.4444

1.800. Medicare

**[www.NevadaSHIP.com](http://www.NevadaSHIP.com)**



## Nevada State Health Insurance Assistance Program

# SHIP

<b>MEDICARE</b>		<b>HEALTH INSURANCE</b>	
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY <b>JOHN DOE</b>		SEX <b>MALE</b>	EFFECTIVE DATE <b>01-01-2007</b>
MEDICARE CLAIM NUMBER <b>000-00-0000-A</b>		IS ENTITLED TO <b>HOSPITAL (PART A) 01-01-2007</b> <b>MEDICAL (PART B) 01-01-2007</b>	
SIGN HERE →			

## Medicare Counseling Program

**Call toll free  
1-877-385-2345**

## MEDICARE COUNSELING

### DO YOU FIND THAT YOU ARE OFTEN CONFUSED ABOUT HOW MEDICARE WORKS?

You are not alone. The Nevada SHIP program was established to assist Medicare beneficiaries and advocates with their questions and concerns.

Since its inception, SHIP has been a trusted source for unbiased information about Medicare, related insurances, fraud, abuse and consumer assistance.

Our SHIP staff and volunteers provide services to Nevada's Medicare beneficiaries, caregivers and families throughout the state.

SHIP staff and volunteers receive ongoing training and are ready and willing to help you with your Medicare questions.

## SHIP CAN HELP

- We don't sell anything—we only provide information
- Assist with Part D plans
- Assist with understanding Medicare benefits
- Help with filing disputes
- Teach you how to use **medicare.gov**
- Provide New to Medicare group information sessions
- Provide assistance paying for Medicare
- Rural Nevada assistance

## QUESTIONS?

- Does the Affordable Care Act affect Medicare?
- Is there assistance to pay for Part D?
- When is Open Enrollment?
- Do I have to sign up for Medicare?
- What is a Medicare advantage plan?
- What is a Medigap?
- What if I lost my Medicare card?
- Am I being scammed?
- What does Medicare cover?
- When do I qualify for Medicare?
- How can I find providers?

**Autism Treatment Assistance Program (ATAP)** was created to assist parents and caregivers with the expensive cost of providing Autism-specific treatments to their child with ASD.

ATAP funds only treatments which have been proven by research to be evidence-based.

ATAP provides a monthly allotment to assist with on-going treatment development, supervision and a limited amount of weekly intervention hours based upon a child's individual treatment plan, and income. ATAP may also provide assistance with insurance copays to support insurance access for Autism specific treatment.

### **Who is eligible for the service?**

Children aged 18 months until they turn 19 years

Children diagnosed with one of the following:

- Autism
- Asperger's Syndrome
- PDD-NOS

Pervasive Developmental Disorders-

Not Otherwise Specified

*Must be diagnosed by a certified professional*

Children cannot be receiving funding through MHDS Autism Program.

To start the intake process or for more information contact ATAP at the Aging and Disability Services Division

775-687-4210



Nevada Aging and Disability Services Division



**Autism Treatment Assistance Program**



Nevada Aging and Disability Service

## **A.T.A.P.**

### **Autism Treatment Assistance I**

Is a statewide program which provide and monthly funding to nev for evidence-based treatments and ti for children with

Autism Spectrum Disorders (A

**To apply call:**

ADSD

Call 775-687-4210

Si tiene preguntas comuníquese con la Coordinadora Estatal de habla española en:

**702-277-8281**



ATAP is an assistance program and the monthly allotment is intended to help parents pay for treatment. It is understood that the funding provided by ATAP will not pay for all of the recommended hours of treatment or the Plan hourly requirement. It is our hope that parents can help to fund additional hours of treatment. However ATAP recognizes not all parents can afford to do so.

This program is unique because it gives families the freedom to choose the provider and employees who will provide services to their children. Not only do families pick the employees who will work with their child, but they hire them and oversee them.

### **What is covered?**

ATAP offers a variety of plan types to enable choice while supporting evidence-based treatments. Treatment models utilizing Applied Behavioral Analysis (ABA), Verbal Behavioral (VB), Pivotal Response (PRT), including program training, development, supervision, daily intervention hours, and essential tools and supplies.

Assistance with insurance co-pays or meeting the yearly deductible when accessing ABA. ATAP may fund Speech, Occupational and Physical Therapy when other resources do not provide coverage.

All children with ASD can benefit from the evidence-based treatments funded by ATAP.

- Children who because of ASD, have various delays or gaps in their skills;
- Children with sensory issues;
- Children who have challenging behavior;
- Children who only need to learn to socialize with peers;
- Non-Verbal or Verbal Children; or
- Children with no behavior issues.

### **What is not covered?**

Respite, medicines, supplements, private school placements, classroom paraprofessionals and treatments which are not evidenced-based.

### **What are the costs or income limitations?**

Applicants will be subject to a co-payment formula. The formula is based upon family income, less medical expenses, that exceeds 200% of poverty.

### **Are there waiting lists?**

If there is insufficient funding to serve all qualified families, a wait list will be utilized. A family is placed on a wait list once an application is complete with all supporting documents and will remain on the wait list until funding is available.

### **How much is available?**

Monthly allocations amounts are based on the plan type. Payments may be reduced if a child is eligible for school coverage or other collaboration or when a co-pay is in place.

This program may be used to supplement, but not replace Early Intervention, Medicaid, and school programs. A family may not receive funding from this program and the MHDS Self-directed Autism program at the same time.

### **How are services planned and coordinated?**

Services will be coordinated between the chosen provider, the family, and your ATAP care manager. Treatment may take place in the home or a clinic settings and may be delivered within a group or directly to the individual child.

### **How are payments for services handled?**

Families document the receipt of services by providers, which are paid by ASD. Employees' actual payments, tax reporting etc. are handled by PPL Nevada, ATAP's fiscal agent.

### **What other requirements are there?**

To participate in the program the family must agree to follow program rules, meet plan requirements and participate with data collection, intake and yearly videos and periodically standardized questionnaires and assessments.

### **Providers who provide evidence-based treatment include:**

- Licensed Psychologist
- Board Certified Behavior Analyst (BCBA)
- Board Certified Assistant Behavior Analyst (BCaBA)
- Another professional who is overseen by the BCBA or a Licensed Psychologist
- A company which provides Behavior consultants which are overseen by a BCBA
- Speech Therapist (SLP)
- Occupational Therapist (OT)
- Physical Therapist (PT)

**Board Certified Behavior Analyst (BCBA) or Board Certified Assistant Behavior Analyst (BCaBA)** typically oversee a treatment model using ABA, VB, or PRT. The program may be comprehensive and may include social skill training, teaching daily living skills, addressing sensory issues, teaching skills to fill in learning gaps, address behavior issues, improve language and communication skills, facilitate peer interactions or may address an isolated behavior.

**Speech Therapist** Speech therapy can address a wide range of communication problems for individuals with

autism. Children with ASD may have major problems with both speech and nonverbal communication. They may also find it very hard to interact socially.

**Occupational Therapist** Occupational therapy might include developing skill for handwriting, shirt buttoning, shoe tying, and fine and gross motor delays. Occupational therapists specializing in autism may also be trained in sensory integration or may work with their clients on play skills, social skills and more.

**Physical Therapist** Physical therapy helps to build or rebuild strength, mobility and motor skills. Children on the spectrum may have low muscle tone, or have difficulty with coordination and sports. These issues can interfere with basic day-to-day functioning — and they're almost certain to interfere with social and physical development. Children with autism are rarely physically disabled. Most children with autism do, however, have physical limitations.





C E N T E R S   F O R   M E D I C A R E   &   M E D I C A I D   S E R V I C E S

## **Staying Healthy Medicare's Preventive Services**

**A**n easy and important way to stay healthy is to get disease prevention and early detection services. Disease prevention and early detection services can keep you from getting certain diseases or can help you find health problems early, when treatment works best. Talk with your doctor or health care provider to find out what tests or other services you may need, as described in the chart that follows, and how often you need them to stay healthy. If you have Original Medicare, you'll now be able to get a yearly "Wellness" visit and many preventive services at no cost to you.

The information in this publication was up-to-date when it was printed. Medicare coverage of preventive services may change at any time. Visit [Medicare.gov](http://Medicare.gov) for more information.

## Did you know that Medicare covers...

<b>Abdominal Aortic Aneurysm Screening</b>	A one-time screening ultrasound for people at risk. If you have a family history of abdominal aortic aneurysms, or you're a man 65–75 and have smoked at least 100 cigarettes in your lifetime, you're considered at risk.
<b>Alcohol Misuse Screening and Counseling</b>	Medicare covers one alcohol misuse screening per year for adults with Medicare (including pregnant women) to identify those who misuse alcohol, but aren't alcohol dependent. If you screen positive, you can get up to 4 brief face-to-face counseling sessions per year (if you're competent and alert during counseling). A qualified primary care doctor or other primary care provider must provide the counseling in a primary care setting.
<b>Bone Mass Measurement</b>	These tests help to see if you're at risk for broken bones. Medicare covers these tests once every 24 months (more often if medically necessary) for certain people at risk for osteoporosis.
<b>Cardiovascular Disease (Behavioral Therapy)</b>	Medicare will cover one visit per year with your primary care doctor to help lower your risk for cardiovascular disease. During this visit, your doctor may discuss aspirin use (if appropriate), check your blood pressure, and give you tips to make sure you're eating well.
<b>Cardiovascular Screenings</b>	Ask your doctor to test your cholesterol, lipid, and triglyceride levels to help determine if you're at risk for a heart attack or stroke. If you're at risk, there are steps you can take to prevent these conditions. Medicare covers tests for cholesterol, lipid, and triglyceride levels every 5 years.
<b>Colorectal Cancer Screenings</b>	These tests help find colorectal cancer early, when treatment works best. If you're 50 or older, or are at high risk for colorectal cancer, Medicare covers one or more of these tests: fecal occult blood test, flexible sigmoidoscopy, screening colonoscopy, barium enema, and multi-target stool DNA test (like Cologuard™). How often Medicare pays for these tests depends on the test and your level of risk for this cancer. You and your doctor decide which test is best for you.
<b>Depression Screening</b>	Medicare covers one depression screening per year for all people with Medicare. The screening must be done in a primary care setting that can provide follow-up treatment and referrals.
<b>Diabetes Screenings</b>	Medicare covers tests to check for diabetes or pre-diabetes. These tests are available if you have any of these risk factors: high blood pressure, dyslipidemia (history of abnormal cholesterol and triglyceride levels), obesity, or a history of high blood sugar. Tests are also covered if you have 2 or more of these: 65 or older, overweight, family history of diabetes (parents, brothers, sisters), a history of gestational diabetes (diabetes during pregnancy), or you delivered a baby weighing more than 9 pounds. Based on the results of these tests, you may be eligible for up to 2 screenings each year. Talk to your doctor for more information.
<b>Diabetes Self-Management Training</b>	This training is for people with diabetes with a written order from a doctor or other qualified health care provider.

## Did you know that Medicare covers...

<b>Flu Shots</b>	<p>These shots help prevent influenza or flu virus.</p> <p>Medicare covers these shots once each flu season in the fall or winter for all people with Medicare. You need a flu shot for the current virus each year.</p>
<b>Glaucoma Tests</b>	<p>These tests help find the eye disease glaucoma.</p> <p>Medicare covers these tests once every 12 months for people at high risk for glaucoma.</p>
<b>Hepatitis B Shots</b>	<p>This series of 3 shots helps protect people from getting Hepatitis B.</p> <p>Medicare covers these shots for people at high or medium risk for Hepatitis B.</p>
<b>Hepatitis C Screening</b>	<p>Medicare covers a one-time Hepatitis C screening test for those born between 1945 and 1965. Medicare also covers repeat screening annually for certain people at high risk who continue to engage in high risk behavior. People with Medicare who are at high risk meet at least one of these conditions: current or past history of illicit injection drug use, or have had a blood transfusion before 1992.</p>
<b>HIV Screening</b>	<p>Medicare covers HIV (Human Immunodeficiency Virus) screening for pregnant women and people at risk for this infection, including anyone who asks for the test.</p> <p>Medicare covers this test once every 12 months or up to 3 times during a pregnancy.</p>
<b>Lung cancer screening test</b>	<p>Medicare covers lung cancer screening with Low Dose Computed Tomography (LDCT) once per year if you meet all of these: age 55-77, a current smoker or have quit smoking within the last 15 years, have a tobacco smoking history of at least 30 "pack years" (an average of one pack a day for 30 years), get a written order from your physician or qualified non-physician practitioner. Before your first lung cancer screening, you'll need to schedule an appointment with your doctor to discuss the benefits and risks of lung cancer screening. You and your doctor can decide whether lung cancer screening is right for you.</p>
<b>Mammogram Screening (Breast Cancer Screening)</b>	<p>Medicare covers mammograms once every 12 months for all women 40 and older. Medicare also covers one baseline mammogram for women between 35-39.</p>
<b>Medical Nutrition Therapy Services</b>	<p>Medicare may cover medical nutrition therapy and certain related services if you have diabetes or kidney disease, or you have had a kidney transplant in the last 36 months, and your doctor or other health care provider refers you for the service.</p>
<b>Obesity Screening and Counseling</b>	<p>If you have a body mass index of 30 or more, Medicare covers intensive counseling to help you lose weight. This counseling may be covered if you get it in a primary care setting, where it can be coordinated with your comprehensive prevention plan. Talk to your primary care doctor or other primary care provider to find out more.</p>
<b>Pap Test and Pelvic Exam (also includes a breast exam)</b>	<p>These lab tests and exams check for cervical and vaginal cancers.</p> <p>Medicare covers these tests and exams every 24 months for all women and once every 12 months for women at high risk.</p>
<b>Pneumococcal Shots</b>	<p>Medicare covers these shots to help prevent pneumococcal infections (like certain types of pneumonia). A different, second shot, is covered 11 months after you get the first shot. Talk with your doctor or other health care provider to see if you need these shots.</p>

## Did you know that Medicare covers...

<b>Abdominal Aortic Aneurysm Screening</b>	A one-time screening ultrasound for people at risk. If you have a family history of abdominal aortic aneurysms, or you're a man 65–75 and have smoked at least 100 cigarettes in your lifetime, you're considered at risk.
<b>Alcohol Misuse Screening and Counseling</b>	Medicare covers one alcohol misuse screening per year for adults with Medicare (including pregnant women) to identify those who misuse alcohol, but aren't alcohol dependent. If you screen positive, you can get up to 4 brief face-to-face counseling sessions per year (if you're competent and alert during counseling). A qualified primary care doctor or other primary care provider must provide the counseling in a primary care setting.
<b>Bone Mass Measurement</b>	These tests help to see if you're at risk for broken bones. Medicare covers these tests once every 24 months (more often if medically necessary) for certain people at risk for osteoporosis.
<b>Cardiovascular Disease (Behavioral Therapy)</b>	Medicare will cover one visit per year with your primary care doctor to help lower your risk for cardiovascular disease. During this visit, your doctor may discuss aspirin use (if appropriate), check your blood pressure, and give you tips to make sure you're eating well.
<b>Cardiovascular Screenings</b>	Ask your doctor to test your cholesterol, lipid, and triglyceride levels to help determine if you're at risk for a heart attack or stroke. If you're at risk, there are steps you can take to prevent these conditions. Medicare covers tests for cholesterol, lipid, and triglyceride levels every 5 years.
<b>Colorectal Cancer Screenings</b>	These tests help find colorectal cancer early, when treatment works best. If you're 50 or older, or are at high risk for colorectal cancer, Medicare covers one or more of these tests: fecal occult blood test, flexible sigmoidoscopy, screening colonoscopy, barium enema, and multi-target stool DNA test (like Cologuard™). How often Medicare pays for these tests depends on the test and your level of risk for this cancer. You and your doctor decide which test is best for you.
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<b>Diabetes Self-Management Training</b>	This training is for people with diabetes with a written order from a doctor or other qualified health care provider.

## Did you know that Medicare covers...

<b>Preventive Visits</b>	<p><b>One-time “Welcome to Medicare” preventive visit</b>—Medicare covers a review of your health and education and counseling about preventive services, including certain screenings, shots, and referrals for other care, if needed.</p> <p>Medicare covers this visit only in the first 12 months of Medicare Part B (Medical Insurance) coverage.</p> <p><b>Yearly “Wellness” visit</b>—If you’ve had Part B for longer than 12 months, you’re eligible for a yearly wellness visit to develop or update a personalized prevention plan based on your current health and risk factors.</p> <p>Medicare covers this visit once every 12 months.</p>
<b>Prostate Cancer Screenings</b>	<p>These tests help find prostate cancer.</p> <p>Medicare covers a digital rectal exam and a Prostate Specific Antigen (PSA) lab test once every 12 months for all men over 50 with Medicare (coverage begins the day after your 50th birthday).</p>
<b>Sexually Transmitted Infections Screening and Counseling</b>	<p>Medicare covers sexually transmitted infection (STI) screenings for chlamydia, gonorrhea, syphilis, and Hepatitis B. These screenings are covered for people with Medicare who are pregnant and/or for certain people who are at increased risk for an STI when the tests are ordered by a primary care provider. Medicare covers these tests once every 12 months or at certain times during pregnancy.</p> <p>Medicare also covers up to 2 individual 20 to 30 minute, face-to-face high-intensity behavioral counseling sessions each year for sexually active adults at increased risk for STIs. Medicare will only cover these counseling sessions if they’re provided by a primary care provider and take place in a primary care setting, like a doctor’s office. Counseling conducted in an inpatient setting, like a skilled nursing facility, won’t be covered as a preventive benefit.</p>
<b>Tobacco Use Cessation Counseling</b>	<p>Tobacco use cessation counseling is covered for people who smoke or use other tobacco products and haven’t been diagnosed with an illness caused or complicated by tobacco use. Medicare will cover up to 8 face-to-face visits during a 12-month period. These visits must be provided by a qualified doctor or other Medicare-recognized practitioner.</p>

## What you pay

You’ll pay nothing for many preventive services if you get them from a qualified doctor or other health care provider who accepts assignment. For some preventive services, you might have to pay a deductible, coinsurance, and/or copayment. These amounts vary depending on the type of services you need and the kind of Medicare health plan you have.

## For more information

For more details about Medicare’s coverage of these preventive services, including your costs in Original Medicare, visit [Medicare.gov/publications](http://Medicare.gov/publications) to view or print the booklet “Your Guide to Medicare’s Preventive Services.” Or, call 1-800-MEDICARE (1-800-633-4227) and ask for a copy. TTY users should call 1-877-486-2048.

You can also register at [MyMedicare.gov](http://MyMedicare.gov) to get direct access to your preventive health information—24 hours a day, every day. You can track your preventive services, get a 2-year calendar of the Medicare-covered tests and screenings you’re eligible for, and print a personalized “on-the-go” report to take to your next doctor’s appointment.